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FOLLOW-UP ACTIONS TO THE RECOMMENDATIONS OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT: REPRODUCTIVE RIGHTS AND REPRODUCTIVE HEALTH

Work of the Inter-Agency Task Force for the Implementation of the Programme of Action of the International Conference on Population and Development

Report of the Task Force

SUMMARY

The present report has been prepared in response to Economic and Social Council resolution 1995/55, in which the Council endorsed the topic-oriented and prioritized multi-year work programme proposed by the Commission on Population and Development at its twenty-eighth session, including the preparation of an annual report on the work of the Inter-Agency Task Force for the Implementation of the Programme of Action of the International Conference on Population and Development. The topic for 1996 is "Reproductive rights and reproductive health, including population information, education and communication". As noted by the Council in the same resolution, the Task Force has been established by the Secretary-General to ensure system-wide coordination, collaboration and harmonization in the implementation of the Programme of Action.

The present report reflects the observations of 12 members of the Task Force regarding the implementation of the Programme of Action. It presents an

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overview of the Task Force; describes the activities of Task Force members in the area of reproductive rights and reproductive health; highlights critical issues; and emphasizes that effective implementation of the reproductive health programming approach is predicated on the identification of national needs and priorities at the country level, and will require a redoubling of collaboration within the United Nations system to meet the needs of countries.

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INTRODUCTION

1. In the new terms of reference of the Commission on Population and Development (E/1995/27, annex I, sect. IA), which were endorsed by the Economic and Social Council in its resolution 1995/55, the Commission is called upon to consider the reports of the meetings of inter-agency mechanisms established by the Secretary-General to ensure coordination, collaboration and harmonization in the implementation of the Programme of Action of the International Conference on Population and Development. In the same resolution, the Council noted that the Secretary-General had established an Inter-Agency Task Force for the Implementation of the Programme of Action, and it welcomed the intention of the Secretary-General to report to it through the Commission on the work of the Task Force so as to ensure system-wide cooperation in the implementation of the Programme of Action. Under the topic-oriented and prioritized multi-year work programme of the Commission, which was endorsed by the Council in the same resolution, the topic for 1996 is "Reproductive rights and reproductive health, including population information, education and communication".

2. The present report has been prepared in accordance with the above-mentioned mandates, and reflects the responses of 12 members of the Task Force (see annex I for list) to a questionnaire on the implementation of the Programme of Action, which specifically asked Task Force members to identify any areas where collaboration had met with difficulties. The responses indicate that a high level of collaboration has taken place and no problems have been encountered so far, and that collaboration is continuing in the field of reproductive rights and reproductive health.

I. OVERVIEW OF TASK FORCE ACTIVITIES

3. In its resolution 49/128, the General Assembly stressed the importance of continued and enhanced cooperation and coordination among all relevant organs, organizations and programmes of the United Nations system, including the specialized agencies, in the implementation of the Programme of Action of the International Conference on Population and Development. In response to paragraphs 20 and 22 of the same resolution, the Administrator of the United Nations Development Programme (UNDP), on behalf of the Secretary-General, asked the Executive Director of the United Nations Population Fund (UNFPA), who had served as Secretary-General of the International Conference on Population and Development, to convene and chair an inter-agency task force to address the implementation of the Programme of Action of the Conference. The Inter-Agency Task Force for the Implementation of the Programme of Action of the International Conference on Population and Development held its first meeting on 13 December 1994 and its second meeting on 25 July 1995; both meetings were held in New York. The Task Force has 14 members (see annex I). Five working groups were set up by the Task Force to address key areas for action corresponding to the objectives of the Programme of Action. An additional working group was established in response to the request of the Commission, at its twenty-eighth session, that the work of the Task Force be expanded to include migration issues. The working groups of the Task Force, together with the lead agencies and output of each group, are listed in the table.

Inter-Agency Task Force for the Implementation of the Programme of Action of the International Conference on Population and Development: activities of working groups during 1995

Title of working group/ Place and dates of meeting	Lead agency	Output
Working Group on Basic Education, with Special Attention to Gender Disparities (Paris, 7 March)	United Nations Educational, Scientific and Cultural Organization	Report of the meeting Guidelines on basic education with special attention to gender disparities Agency profiles and selected bibliography
Working Group on Policy-related Issues (New York, 3 May)	United Nations Population Fund	Report of the meeting Common advocacy statement
Working Group on A Common Approach to National Capacity-building in Tracking Child and Maternal Mortality (New York, 4 May)	United Nations Children's Fund	Report of the meeting Guidelines on a common approach to national capacity-building in tracking child and maternal mortality Agency profiles and selected bibliography
Working Group on Women's Empowerment (New York, 16 May)	United Nations Development Fund for Women	Report of the meeting Guidelines on women's empowerment Agency profiles and selected bibliography
Working Group on Reproductive Health (Geneva, 29 June)	World Health Organization	Report of the meeting Guidelines on reproductive health Agency profiles and selected bibliography
Working Group on International Migration (Geneva, 19 October)	International Labour Organization	Report of the meeting Guidance notes Agency profiles and selected bibliography

4. In the first year of its existence, the Task Force has demonstrated a collaborative and participatory approach. The working groups have functioned in a responsive and coordinated manner with a commitment to producing results in a timely fashion. The central focus of the work of the Task Force has been to enhance United Nations system-wide collaboration at the country level. To that end, the Task Force has prepared and disseminated a set of guidelines for the United Nations resident coordinator system, and has developed a common advocacy

statement on population and development. The Task Force has not encountered any problems in collaboration so far.

5. The guidelines address the following key areas of the Programme of Action: reproductive health; empowerment of women; a common approach to national capacity-building in tracking child and maternal mortality; and basic education, with special attention to gender disparities. The common advocacy statement, which underscores that population is an integral component of development strategies, was adopted by the Task Force and endorsed by the Administrative Committee on Coordination (ACC) at its second regular session of 1995 (see ACC/1995/23).

6. The main objective of the guidelines is to provide mechanisms in the field, particularly the resident coordinator system, with guidance on operationalizing the Programme of Action at the country level. The guidelines will facilitate more integrated planning and coordination of United Nations inputs for achieving the goals of the Programme of Action within a national development framework, and will help foster closer dialogue and collaboration between the United Nations system, Governments and other development partners, including bilateral agencies, non-governmental organizations and civil society. The guidelines build on arrangements that are already in place; throughout, their underlying concern is to seek ways to foster the enabling environment that is called for in the Programme of Action.

7. In September 1995, on the occasion of the first anniversary of the International Conference on Population and Development, the guidelines were distributed to all United Nations resident coordinators. The guidelines and the common advocacy statement have been widely disseminated within the United Nations system, with the recommendation that agencies and organizations ensure wide circulation among all their staff, particularly field staff; they are also available on the Internet. United Nations resident coordinators have been asked to share the documents with all interested parties, including representatives of Governments, donor agencies, non-governmental organizations and the private sector. Guidance notes on international migration, which discuss the principal substantive dimensions and activities of key organizations active in that area, have since been completed and disseminated.

8. Themes found in both the guidelines and the common advocacy statement include putting people first; promoting sustainable human development; reducing gender inequality and inequity; fostering accountability and transparency; developing common indicators that are critical to the monitoring of programme impact; strengthening country-level collaboration; enhancing national capacity-building; and facilitating dialogue between and among the United Nations resident coordinator system, Governments, non-governmental organizations, the private sector and civil society. The Task Force views feedback as essential to strengthening the collaborative process: by maintaining an open-ended information exchange, such as through feedback on the guidelines and the collection of information on lessons learned, the Task Force intends to develop a set of best practices that have been tested in the field and can be replicated in other settings, with adjustments to take account of local needs and priorities.

II. THE TASK FORCE AND REPRODUCTIVE RIGHTS AND REPRODUCTIVE HEALTH, AND POPULATION INFORMATION, EDUCATION AND COMMUNICATION

A. Working Group on Reproductive Health

9. Reproductive rights and reproductive health are critical to human well-being and human development. The Task Force established a Working Group on Reproductive Health, with the World Health Organization (WHO) as the lead agency, to address the key issues in the area and to develop a set of guidelines for the United Nations resident coordinator system to strengthen and facilitate reproductive health programming at the country level. The Working Group used the clear and comprehensive definition of reproductive health contained in the Programme of Action of the International Conference on Population and Development 1/ as the starting-point for its work:

> "Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases."

10. During its discussions, the Working Group emphasized that reproductive health is a crucial part of general health and is hence central to human development. It reflects health during childhood and adolescence, sets the stage for health beyond the reproductive years for both women and men, and has pronounced effects on the health of the next generation. The health of the newborn is largely a function of its mother's health, nutritional status and access to health care. Although reproductive health is a universal concern, it is of special importance to women, especially during the reproductive years. At each stage of life, individual needs differ. However, there is a cumulative effect across the course of life and events at each phase have important implications for future well-being. The Working Group emphasized that reproductive health always includes family planning and sexual health, and family planning will continue to be a central component of reproductive health care.

11. Other critical issues in reproductive health that emerged from discussions included the importance of basing strategies for the attainment of reproductive health on the underlying principles of human rights and gender equity, as well as on the operational principles of national ownership; the involvement of multiple perspectives and multiple actors, including service providers, users, planners, researchers and scientists; the use of participatory processes in the planning, implementation and evaluation of programmes, including close involvement of non-governmental organizations, community and youth groups and the private sector; and the importance of multisectoral action, with key partners contributing on the basis of their respective comparative advantages.

12. In developing the guidelines on reproductive health, the Task Force has recognized that the United Nations resident coordinator system is uniquely positioned to promote the recognition of the concept of reproductive health as central to general health and human development. The approach to development and the eradication of poverty must be holistic, just as the approach to reproductive health must, inevitably, be holistic and integrated. Thus, at the country level, the resident coordinator system must ensure that concerns pertaining to reproductive rights and reproductive health are integrated into all related development priorities and programmes.

13. Many factors influence reproductive health, and its attainment is not determined by interventions in the health sector alone. Socio-economic factors, including education, employment, living conditions, family environment, social relations, gender relations and legislation, as well as cultural and traditional practices, all affect reproductive health. As a result, it is critical that reproductive health programmes adopt an intersectoral as well as a multisectoral and multidisciplinary approach.

14. In amplifying what a reproductive health approach encompasses, the Task Force emphasizes in the guidelines that such an approach is people-centred and represents a shift from the earlier paradigm, which emphasized increasing the number of acceptors of family planning methods. In the new paradigm, the aim of interventions is to enhance reproductive rights and promote reproductive health rather than fertility control. That implies empowering women, including providing them with better access to education; involving women and young people in the development and implementation of programmes and services; reaching out to the poor, the marginalized and the excluded; and that men will assume greater responsibility for reproductive health.

15. The Working Group emphasized that countries need to assess their requirements through a wide-ranging, participatory process of national consultation involving all relevant constituencies; concomitantly, the identification of gaps and inadequacies as well as the need to strengthen linkages between programmes should be stressed. Based on such a consultative process, a list of national reproductive health priorities should be drawn up. National priorities create the framework for reproductive health programming. Striving for an integrated reproductive health approach does not imply that every service delivery point will be equipped to deal with every aspect of reproductive health: that is neither feasible nor practical. Instead, programmes must build on what they have and then proceed, guided by what people need most.

16. The precise configuration of reproductive health needs and concerns, as well as the programmes and policies adopted to address them, will vary from country to country and will depend upon an assessment of each country's situation and the availability of appropriate interventions. Globally, however, both the epidemiological data and the expressed wishes of diverse constituencies indicate that reproductive health interventions are most likely to include attention to the issues of family planning, the prevention and management of sexually transmitted diseases, and the prevention of maternal mortality and morbidity. Reproductive health should also address such issues as harmful practices; unwanted pregnancy; unsafe abortion; reproductive tract infections, including sexually transmitted diseases/acquired immunodeficiency syndrome (AIDS); gender-based violence; infertility; malnutrition and anaemia; and reproductive tract cancers. Appropriate services must be accessible and must include information, education, counselling, the prevention, detection and management of health problems, care and rehabilitation. To translate the reproductive health concept into a reality, a minimum package of reproductive health services should be offered in the context of primary health care.

17. The International Conference on Population and Development was unique in the emphasis that it placed on reproductive rights and reproductive health. In addition, in both the Programme of Action and General Assembly resolution 49/128, Governments have emphasized the need for greater collaboration and cooperation. The Task Force has played a key role in promoting collaboration and cooperation among United Nations organizations and agencies in implementing the Programme of Action. One of the main reasons that the Task Force has worked well is that its members have been fully involved in deciding its work programme and the modalities for accomplishing it. The meetings of the Task Force have demonstrated the commitment of members to producing results by focusing on a work programme of specific, action-oriented tasks that are achievable in a relatively short period of time. Thus, the guidelines and common advocacy statement were developed in a timely manner, with an emphasis on providing pragmatic guidance to the United Nations resident coordinator system on the implementation of the Programme of Action at the country level. Early reports suggest that the guidelines are proving especially useful at the country level, since they provide a shared basis for United Nations organizations and agencies to collaborate on and coordinate their programming activities.

18. Although the guidelines on reproductive health focus on three different topics, "Women's empowerment", "Basic education with special attention to gender disparities" and "A common approach to national capacity-building in tracking child and maternal mortality", all three topics emphasize the following issues: identification of national priorities; empowerment of women; quality of care; advocacy; research and training; resource mobilization; monitoring and evaluation; enhancing the role of non-governmental organizations; and collaboration and coordination. Those issues constitute the key challenges facing both countries and international organizations as they seek to achieve the goals and objectives of the Programme of Action. The task of meeting them is complex; however, the Task Force is an effective mechanism for coordinating the response of developing countries and the United Nations system to those challenges.

B. Population information, education and communication

19. Population information, education and communication is a key instrument for attaining the goals of the Programme of Action of the International Conference on Population and Development, and is essential for empowerment, mobilization and behavioural change. It also plays a critical role in generating demand for further information and services and in increasing awareness among people of their rights and responsibilities, including their reproductive rights and responsibilities with respect to parenting, gender relations and safe sexual behaviour. Effective population information, education and communication, which requires understanding the target audience and the specific cultural context, forms the basis of any sound advocacy campaign, and must closely involve target groups, in particular youth and community groups, in its design, development, testing, implementation and evaluation.

20. The Task Force emphasizes that, in addressing the sexual and reproductive health needs of young people, reproductive health programmes should ensure that youth and adolescents have access to information, counselling and appropriate services. Young people of both sexes are especially vulnerable to reproductive health problems because of a lack of information and services. By targeting youth, population information, education and communication can play a key role in educating and raising awareness about reproductive rights and reproductive health and about individual and social responsibilities.

21. The Task Force, through the resident coordinator system, seeks to encourage Governments to increase resources for population information, education and communication, with a special emphasis on reaching young girls and adolescents and other underserved or neglected groups. Information, education and communication strategies that employ a multi-channel approach have proved effective, since information can be disseminated through various channels, traditional and modern, and can be packaged in various forms so as to allow both literate and illiterate audiences to understand key messages.

22. In paragraph 11.22, the Programme of Action notes that the tremendous potential of print, audio-visual and electronic media, including databases and networks such as the United Nations Population Information Network (POPIN), should be harnessed to disseminate technical information and to promote and strengthen understanding of the relationships among population, consumption, production and sustainable development. Within a week of its release, the guidelines for the United Nations resident coordinator system were placed on the POPIN gopher, the global headquarters of which is the Population Division of the United Nations Secretariat. The guidelines can be accessed through the Internet. The Task Force will continue, as appropriate, to electronically disseminate any relevant information that it develops on reproductive rights and reproductive health, population information, education and communication, and other key areas of interest.

23. In another instance of inter-agency collaboration, the World Bank, WHO and UNFPA, together with an international non-governmental organization, have produced an information card on reproductive health, which summarizes the commitments of the International Conference on Population and Development to reproductive rights and reproductive health; the goals for the year 2015;

special needs; rights and principles; actions for implementation, and the importance of working together in implementing the Programme of Action. The card, which is reproduced in annex II, has been widely distributed and is proving to be a useful information, education and communication tool.

C. Reproductive rights and reproductive health and population information, education and communication activities undertaken by member organizations of the Task Force

24. The International Conference on Population and Development has provided new impetus to advocacy and programming in the areas of reproductive rights and reproductive health, and population information, education and communication, and United Nations bodies are adjusting their programmes and activities to conform with the Programme of Action of the Conference. In addition to the collaborative efforts undertaken in the context of the Task Force, many of its members have intensified their activities in reproductive health in keeping with their respective mandates. All Task Force members are emphasizing collaboration and coordination with other United Nations bodies as well as with other development partners, particularly non-governmental organizations. The present section is based on the information supplied by members of the Task Force, and reviews their reproductive health and related activities.

1. United Nations Secretariat

25. The Department for Economic and Social Information and Policy Analysis and the Department for Policy Coordination and Sustainable Development of the United Nations Secretariat, as well as the Economic Commission for Europe (ECE), representing all the regional commissions, participate in the Task Force. Through its Population Division, the Department for Economic and Social Information and Policy Analysis regularly monitors fertility trends, contraceptive practice and mortality levels, by sex, as well as government policies related to population concerns. Every two years, the Population Division produces population estimates and projections, by age and sex, for all countries and areas of the world. It publishes gender-disaggregated statistics, conducts a variety of analytical studies that have a gender dimension, monitors population policies and organizes expert-group meetings dealing with gender issues. The Population Division serves as the global headquarters for POPIN, which facilitates Internet access. With both global and regional support from UNFPA, POPIN is a decentralized information and communication network for regional, national and non-governmental population information activities, including reproductive health and gender issues. The Population Division also serves as the substantive secretariat for the Commission on Population and Development, and is responsible for the preparation of the annual World Monitoring Report.

26. Within the Department for Policy Coordination and Sustainable Development, the Division for the Advancement of Women served as the secretariat for the Fourth World Conference on Women (Beijing, 4-15 September 1995), and the Division for Social Policy and Development served as the secretariat for the World Summit for Social Development (Copenhagen, 6-12 March 1995). The

Copenhagen Declaration, 2/ the Programme of Action of the World Summit for Social Development 3/ and the Beijing Platform for Action 4/ contain important provisions for reproductive health, and amplify the message of the International Conference on Population and Development; recent conferences also call for the development of comprehensive national strategies for improving reproductive health care and child health-care services, in keeping with the Programme of Action of the Conference. The Division for Sustainable Development is responsible for monitoring and facilitating the implementation of Agenda 21, 5/ and other outcomes 6/ of the United Nations Conference on Environment and Development. Agenda 21 sets out reproductive health objectives, including the provision of safe and effective health care and affordable, accessible services, as appropriate, in keeping with freedom, dignity and personally held values.

27. ECE, which for the past year has served on the Task Force as the focal point for all the regional commissions, has been conducting research on fertility and the family. With funding from UNFPA, ECE has initiated a series of activities leading to the collection and analysis of comparable survey data on fertility and the family in various ECE member States, including 10 countries with economies in transition. Although ECE has only a small demographic research unit working on reproductive health, the area is of special concern in Central and Eastern Europe, where there is a need for much more research on reproductive health issues, particularly family planning, and on the supervision and supply of services, including the transition from abortion to the use of contraceptive services. ECE has been collaborating with WHO in this work, and plans to intensify its collaboration with other international organizations with expertise in reproductive rights and reproductive health, and population information, education and communication.

2. United Nations Children's Fund

28. In its follow-up to the International Conference on Population and Development, the United Nations Children's Fund (UNICEF) is pursuing close collaboration with partners in a variety of sectors, with a special focus on girls' education; women's empowerment; primary health care, including reproductive health; and the tracking of progress in reducing child and maternal mortality. UNICEF support for women's health activities emphasizes working with women's organizations at the community level and assisting women's organizations in implementing efforts on information, education and communication, and in developing financing mechanisms for purchasing health care. UNICEF efforts in the area of adolescent health care seek to build stronger dialogue and partnership among young people, parents, educators, health providers and community leaders on health, including reproductive health. They also seek to help ensure that adolescents have access to the information, skills and services that they need to protect and promote their own health and, eventually, the health of their children. UNICEF supports school health programmes that emphasize skills-based health education, including reproductive health education. UNICEF works closely with WHO, UNFPA and non-governmental organizations in strengthening approaches to youth and women's health. UNICEF served as the lead agency of the Task Force's Working Group on a Common Approach to National Capacity-Building in Tracking Child and Maternal Mortality, and is also a co-sponsor of UNAIDS.

3. United Nations Development Programme

29. UNDP focuses attention on mainstreaming gender in all its programmes and on furthering the advancement of women. By fully mainstreaming gender concerns, UNDP seeks to empower women and contribute to an enabling environment for their advancement, especially by achieving gender equity in decision-making; developing capacity; recognizing women's power as agents of change; improving access to economic resources and assets; halting the feminization of poverty; assisting women in crises; and creating legal frameworks that facilitate gender equality and equity. Although UNDP has only a modest direct involvement in reproductive rights and reproductive health, it makes an important indirect contribution to the achievement of such goals through advocacy and support for the eradication of poverty and the mainstreaming of gender into development programmes and policies. UNDP is involved in supporting education in all regions, and collaborates with UNFPA and other organizations in addressing the special needs of youth and adolescents. In human immunodeficiency virus/ acquired immunodeficiency syndrome (HIV/AIDS) prevention, UNDP has helped strengthen not only the capacity of Governments to respond to the epidemic but also that of non-governmental organizations and community-based organizations, by enhancing their capacity to monitor, document, evaluate and enhance programme design and implementation. UNDP is also a co-sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

4. United Nations Development Fund for Women

30. The United Nations Development Fund for Women (UNIFEM) serves as a catalyst for ensuring the appropriate involvement of women in mainstream development activities, and supports innovative and experimental activities benefiting women in line with national and regional priorities. To foster the political empowerment of women, UNIFEM advocates for gender equity and the reform of legal and policy frameworks, codes and instruments. Since the Conference, at which the empowerment of women was recognized as fundamental to the success of population-related programmes, UNIFEM has become more involved in women's health-related issues, although it is only indirectly involved in reproductive health programmes and issues. UNIFEM served as the lead agency for the Task Force's Working Group on Women's Empowerment. At the Fourth World Conference on Women, UNIFEM, in partnership with UNFPA, sponsored a youth day workshop on the reproductive health of African adolescents. In a joint effort with UNFPA, UNIFEM is also developing programmes that link the human rights framework to women's reproductive rights.

5. United Nations Population Fund

31. UNFPA support for reproductive health is based on a public-health, pragmatic and participatory approach. Since the Conference, UNFPA has, with the approval of its Executive Board, oriented its programme focus and operational strategies to three main areas: reproductive health, including family planning and sexual health; population and development strategies; and advocacy. UNFPA will support all aspects of family planning at primary, secondary and tertiary levels. Support for other components of reproductive health will be

concentrated at the primary health-care level. Recognizing the need to strengthen referral services for the evaluation and treatment of reproductive health problems that cannot be managed at the primary health-care level, UNFPA will promote appropriate strengthening of reproductive health services at the secondary and tertiary levels. Specifically, UNFPA will support the following information and service-delivery components of reproductive health programmes: the full spectrum of family-planning information and services, including counselling and follow-up services aimed at couples and individuals; prenatal, delivery and postnatal care of mothers at the primary health-care level, with appropriate referral for the management of obstetric complications; the prevention of abortion, management of consequences of abortion, and post-abortion counselling and family planning; prevention of reproductive tract infections, including sexually transmitted diseases and the treatment of symptomatic infections, as part of primary health care, with appropriate referral for follow-up; prevention of HIV/AIDS as part of primary health care, with appropriate referral for follow-up; prevention of infertility and sub-fecundity, as part of primary health care, with appropriate referral for follow-up; routine screening and referral for other conditions of women's reproductive health; and active discouragement of harmful practices, such as female genital mutilation. In order to assist countries in the development of effective reproductive health programmes, UNFPA strongly encourages further strengthening of collaboration and coordination with partners in the United Nations system, bilateral agencies and non-governmental organizations. UNFPA has integrated HIV/AIDS-prevention components in its ongoing reproductive health and family planning programmes in 103 countries. It supports a wide spectrum of HIV/AIDS prevention activities, including information, education and communication activities, in-school and out-of-school education, counselling, distribution of condoms, and training for medical staff and other health-service providers. Several of these activities have been undertaken in collaboration with non-governmental organizations and other United Nations organizations and agencies. UNFPA served as the lead agency for the Task Force's Working Group on Policy-related Issues, and is a co-sponsor of UNAIDS.

6. World Food Programme

32. Many World Food Programme (WFP) activities directly concern reproductive rights and reproductive health, although WFP has no specific programme in those areas. WFP supports mother and child health programmes in countries throughout the world, providing food aid not only as a nutritional supplement but also as an incentive for women to attend education sessions on health, including reproductive health and family planning, and nutrition. In emergency and refugee situations, to which a major portion of its resources are directed, WFP has a special commitment to meeting the needs of women, including their reproductive health needs. WFP is also supporting pilot projects to assist HIV/AIDS victims and their dependants in Uganda and the United Republic of Tanzania. Increasingly, non-governmental organizations are involved in the execution of WFP activities.

7. Office of the United Nations High Commissioner for Refugees

33. With the new impetus provided by the Programme of Action, the Office of the United Nations High Commissioner for Refugees (UNHCR) is working jointly with United Nations organizations and non-governmental organizations in promoting, advocating and implementing reproductive health activities in refugee and emergency situations. In June 1995, UNHCR, in collaboration with UNFPA, UNICEF and WHO, organized an inter-agency symposium on reproductive health (see also paras. 46-50 below). The symposium underscored the need to coordinate reproductive health activities among all groups so as to ensure complementarity and cost effectiveness, and highlighted the importance of community participation in the planning and delivery of reproductive health services. With UNHCR as coordinator, an inter-agency working group will organize and facilitate reproductive health services in refugee situations, including information exchange, advocacy, planning, training, assessment, monitoring, coordination, research and evaluation. Among its priority tasks will be the operationalization of a field manual on reproductive health in refugee situations. To strengthen coordination, the working group will also collaborate with other bodies, such as the WHO Consultative Group on Reproductive Health, the Reproductive Health for Refugees Consortium and the Working Group on Reproductive Health Kits.

8. International Labour Organization

34. The International Labour Organization (ILO) policies and programmes are based on the premise that success in protecting and promoting reproductive health is linked to social and economic factors, including education, training, employment, working conditions and gender equality in labour markets. ILO promotes and provides technical support to its constituents in order to enable them to design, develop and implement comprehensive policies and programmes that link population and reproductive health concerns to social and economic goals and achievements. Employers are assisted in adopting appropriate workplace rules and mechanisms both to eliminate reproductive health hazards and to promote family welfare and planning through education and access to services. Workers' organizations are strengthened to promote and implement the education of workers on population, reproductive health and gender issues. The special needs of youth are being addressed by integrating modules on reproductive rights and reproductive health, population issues and family life in the curricula of vocational training programmes. A priority issue for ILO is the design, development and dissemination of training materials on women workers' rights and resources for women's organizations in the informal and rural sectors. ILO will continue to strengthen and build national capacity to develop, execute, monitor and evaluate programmes.

9. Food and Agriculture Organization of the United Nations

35. The Food and Agriculture Organization of the United Nations (FAO) promotes food security, nutrition and improvement of the quality of life for rural populations, and stresses the linkages between population issues and reproductive health. FAO has emphasized the need for ensuring that reproductive

health services are available to rural people, and that both women and men are included in the design of reproductive health services. FAO is collaborating with other United Nations organizations and agencies, along with non-governmental organizations, in implementing its programmes. Under the UNFPA-funded project "Integration of population education into programmes for rural youth", FAO is supporting population education in the jungle area of Iquitos, Peru, and among the H'mong ethnic minority youth and rural youth in Viet Nam. Rural youth population activities are also being expanded to other countries in Africa, Asia and South America. Training for youth leaders covers issues pertaining to the relationship between population and the environment as well as reproductive health and responsible parenthood. FAO was the first agency to initiate detailed sectoral analysis of the socio-economic impact of HIV/AIDS on rural economies, and has identified both specific and general characteristics of vulnerable households and farming systems. It has demonstrated the importance of home remittances from migrant workers for household food security, food production and nutritional well-being, and consequently the importance of their loss to HIV/AIDS-related morbidity and mortality.

10. United Nations Educational, Scientific and Cultural Organization

36. The United Nations Educational, Scientific and Cultural Organization (UNESCO) plays a critical role in supporting the educational, cultural and scientific aspects of reproductive health. Emphasis is on collaboration with the United Nations system and non-governmental organizations in enhancing the quality of life. The importance of attitudinal change on the basis of multicultural differences is stressed, together with the need to reach out to the public to advocate for reproductive health. UNESCO emphasizes the importance of networking among countries to share expertise and experiences in national capacity-building. In collaboration with UNFPA, UNESCO has promoted population information, education and communication projects in Africa, the Arab States and Asia, most of which have a component on reproductive rights and reproductive health. UNESCO has also provided support to Governments of developing countries for policy and planning in school-based HIV/AIDS-prevention education. UNESCO served as the lead agency for the Task Force's Working Group on Basic Education with Special Attention to Gender Disparities. It is also a co-sponsor of UNAIDS.

11. World Health Organization

37. WHO has a unique role within the United Nations system with respect to advocacy, normative functions, research and technical cooperation in reproductive health. In its advocacy role, WHO promotes understanding of the universality of reproductive health needs and their crucial importance in human development. As the main agent for health research within the United Nations system, WHO will continue to conduct, support, promote and evaluate research in reproductive health, and to coordinate the global research efforts in this field. In the area of reproductive health technologies, particular emphasis is being given to methods that match women's perceived needs and priorities,

including user-controlled methods that can also protect against sexually transmitted diseases, post-ovulatory methods, and safe male methods that enable men to share responsibility for fertility regulation and disease prevention. The normative functions of WHO include the development of policies, strategic approaches, norms, standards and guidelines. WHO will also continue to develop technical, managerial and policy guidelines on various aspects of reproductive health. WHO has also developed innovative methodologies for countries to identify national and district-level reproductive health needs. In collaboration with other organizations, WHO will develop methodologies for assessing reproductive health, and will formulate both qualitative and quantitative indicators for measuring the reproductive health status and behaviour of populations as well as the effectiveness of programmes and interventions. WHO will provide technical support to developing countries, and will strengthen their national capacity for formulation, implementation, monitoring and evaluation of comprehensive national reproductive health policies and programmes. WHO collaborates with a number of United Nations organizations and non-governmental organizations, particularly in reproductive health and adolescent health programmes. WHO supports numerous activities in the area of HIV/AIDS and sexually transmitted diseases, and is a co-sponsor of UNAIDS.

38. In advancing the Programme of Action, the Pan American Health Organization (PAHO) has focused primarily on activities related to quality of care. Two major initiatives undertaken in this area during 1995 were (a) the planning and execution of a regional meeting in San Salvador on incorporating a gender perspective in the quality of care in reproductive health services in Latin America, and (b) the mobilization of funding for conducting operational research in two countries in Latin America on gender differences in health-care quality. The San Salvador meeting, inter alia, proposed criteria and indicators for measuring the degree to which quality of care in reproductive health services incorporates a gender perspective. The operational research is aimed at providing comparative information on the response of public health services to both gender-specific and non-gender-specific health needs of men and women in relation to illness prevention, health promotion and social behaviour.

12. World Bank

39. Reproductive health activities constitute a significant portion of all World Bank lending for population, health and nutrition activities. During fiscal 1994, more than 40 per cent of all lending for population, health and nutrition supported reproductive health activities. The operations research, situation analyses and field-based pilot projects of the World Bank assist programme managers in assessing needs, instituting or modifying services and in determining the effects of interventions on health systems and health status. In addition to providing support for reproductive health activities through project lending, the World Bank Economic Development Institute organizes training activities that strengthen national capacities to design and implement policies and programmes in this field. The World Bank actively seeks and supports collaboration among donor agencies and local non-governmental organizations in promoting awareness of reproductive health issues and improving effectiveness of projects with reproductive health components. The World Bank is the single largest source of external funding for the prevention and control

of HIV/AIDS/sexually transmitted diseases in the developing world. The principal mechanism for the direct support of the World Bank to HIV/AIDS prevention activities is through its lending, most of which is done at highly concessional terms. The World Bank has sponsored several studies on the social and economic impact of HIV/AIDS and the cost effectiveness of prevention and care interventions, and is also a co-sponsor of UNAIDS.

III. ADDITIONAL COLLABORATION IN REPRODUCTIVE HEALTH

40. The present section reviews certain joint and collaborative activities undertaken by United Nations organizations and agencies in reproductive rights and reproductive health, and population information, education and communication. Some of these fall outside the immediate purview of the Task Force; nevertheless, they underscore the wide scope of collaboration and coordination in the United Nations system.

41. Discussions are under way concerning two collaboration mechanisms involving UNICEF, UNFPA and WHO. To strengthen cooperation among the three organizations, UNFPA has proposed that the three organizations agree on a joint health policy framework and institute a high-level inter-secretariat consultative mechanism to promote the coordination of policy approaches, strategies and activities; ensure regular exchange of information on key developments; and help ensure that an overall policy framework, as defined by WHO, guides the strategies and activities of the three organizations. The consultative mechanism will help to ensure maximum synergy and complementarity of the programmes of UNICEF, UNFPA and WHO, and will enhance, through collaboration, the effective delivery of assistance at the country level. UNFPA has proposed the consultative mechanism independent of its other proposal concerning membership of the UNDP/UNFPA Executive Board in the UNICEF/WHO Joint Committee on Health Policy (JCHP).

42. JCHP, inter alia, helps guide UNICEF and WHO on the types of health programmes that should most appropriately receive their complementary or joint support. A tripartite intergovernmental committee on health policy composed of representatives from the executive boards of UNICEF, UNFPA and WHO would have several distinct advantages. Such a committee would provide the only venue where members of all three executive boards could meet jointly to discuss health policy issues common to the three organizations. It would also help to sharpen the focus of collaborative activities in the areas of child and reproductive health, and would enhance inter-agency collaboration in achieving the health and related social goals of recent international conferences and summits, including the World Summit for Children and the International Conference on Population and Development. Such a committee would also strengthen activities in advocacy, population and development strategies and in reproductive health programmes. Finally, it would ensure that policy advice and strategies are complementary, in harmony and have a synergistic effect, especially at the country level.

A. Reproductive rights and reproductive health and women's empowerment

43. Women bear by far the greatest burden of reproductive health problems. Among women of reproductive age, 36 per cent of the healthy years of life lost are lost due to reproductive health problems, such as unregulated fertility, maternal mortality and morbidity, and sexually transmitted diseases, including HIV/AIDS. By contrast, the equivalent figure for men is 12 per cent. 7/ Biological factors alone do not explain women's disparate burden: their social, economic and political disadvantages and the denial of their reproductive rights have a detrimental impact on their reproductive health. The empowerment of women is a fundamental prerequisite for their reproductive health, which will not be significantly improved in the absence of gender equity and equality. Because men's social and sexual behaviour affects women's reproductive health directly, reproductive health programmes, while catering for the specific needs of women, will also need to pay special attention to the roles and responsibilities of men and the need for them to assume greater responsibility for their sexual and reproductive behaviour and their social and family roles.

44. The Task Force, in addition to developing the guidelines on reproductive health, has developed guidelines on women's empowerment for the United Nations resident coordinator system. With the aid of the guidelines and in conjunction with guidelines on basic education and tracking child and maternal mortality, the United Nations resident coordinator system can both promote and facilitate programming that increases women's access to resources, education and employment, and protects and promotes their human rights and fundamental freedoms so that they are able to make choices free from coercion or discrimination. At the same time, greater effort is needed to facilitate women's involvement in programme development and implementation so that they become participants rather than the objects of intervention.

B. Reproductive rights and reproductive health and refugee/emergency situations

45. The important issue of the reproductive health-care needs of refugees, migrants and displaced persons is highlighted in paragraph 7.11 of the Programme of Action of the Conference:

> "Migrants and displaced persons in many parts of the world have limited access to reproductive health care and may face specific serious threats to their reproductive health and rights. Services must be particularly sensitive to the needs of individual women and adolescents and responsive to their often powerless situation, with particular attention to those who are victims of sexual violence."

46. Arising from the recognition that the provision of reproductive health services is as important as providing food, clean water, shelter, sanitation and primary health care in refugee and emergency situations, a new impetus has been given to reproductive health concerns in refugee and emergency situations, including the convening of an inter-agency symposium on reproductive health in refugee situations. Organized by UNHCR and UNFPA in collaboration with UNICEF

and WHO, the symposium took place in Geneva from 28 to 30 June 1995, and was attended by representatives of 50 governmental, non-governmental and private organizations.

47. The symposium identified the main reasons for the lack of a systematic strategy for the provision of comprehensive health care in refugee situations: the low priority accorded to it by organizations specialized in emergency response; insufficient field staff with appropriate training; limited funding and resource allocation; insufficient coordination among national authorities, non-governmental organizations and United Nations organizations and agencies in the country of asylum; and consideration of family planning as a sensitive issue in post-conflict situations without seeking the views and support of refugee women.

48. To overcome these limitations, the recommendations offered included the following: essential minimum reproductive health services should be made available at the outset of all refugee operations through the Minimum Initial Service Package; reproductive health activities and services should be implemented in full and integrated within existing primary health-care services as soon as possible; if needed and to the extent possible, reproductive health services should also be made available to the local population surrounding the refugee settlements; and close collaboration should be established with local authorities to facilitate the harmonization and sustainability of services. In addition, adequate training and cultural sensitivity on the part of service providers need to be recognized as essential to the quality of reproductive health care, together with respect for confidentiality and privacy. Services should be located appropriately, and adequate equipment as well as continuous and regular supplies should be provided. Community participation in the planning and delivery of reproductive health services is essential, and should be ensured. The coordination of reproductive health activities among all groups providing services is critical to ensuring complementarity and cost effectiveness; hence, a focal point on reproductive health should be identified as early as possible in all refugee operations.

49. The existence of basic human rights in the area of health, including reproductive health, was highlighted, and various provisions relative to reproductive health contained in international and regional human rights instruments were illustrated. It was emphasized that refugees are often in need of complete health care owing to the risks of marginalization in the local community and their inability to pay for care during exile. The symposium also emphasized the protection of human rights as a means of promoting public health, and stressed the key role of appropriate information, education and communication strategies in achieving it.

50. In conjunction with the above-mentioned symposium, UNHCR and UNFPA signed a memorandum of understanding establishing a framework for collaboration for the benefit of persons in refugee situations. UNHCR and UNFPA will jointly develop strategies and programmes of advocacy for reproductive health information and service needs, and for combating sexual violence; develop strategies to promote reproductive health among adolescents and young people; organize joint assessment, monitoring and evaluation missions relating to reproductive health information and services; develop field manuals on the provision of reproductive

health information and services, including reproductive health counselling and clinical activities; facilitate coordination at the field level through the establishment of coordination committees, with the participation of UNHCR, UNFPA, other concerned United Nations bodies, and non-governmental organizations for the purpose of enhancing the provision of reproductive health information and services; and develop strategies to ensure the integration of reproductive health information and services into the relevant programmes of other organizations.

C. Reproductive rights and reproductive health and HIV/AIDS prevention

51. An effective reproductive health approach is closely linked with an HIV/AIDS-prevention component. Research indicates that biologically, epidemiologically and socially, women are more vulnerable to HIV than are men. Women's generally subordinate role in the family and society renders them especially at risk of HIV infection. Thus, it is essential that reproductive health programmes provide women with the information, services and support necessary to protect themselves. At the same time, countries need to develop multisectoral programmes and strategies targeting those factors that maintain the social, cultural and sexual subordination of women and girls. In the absence of a cure for HIV, knowledge plays a key role in HIV/AIDS prevention. HIV transmission can be significantly reduced through informed and responsible behaviour. Thus, effective information, education and communication is critical in HIV/AIDS-prevention and control strategies.

52. Recognizing that inter-agency cooperation is vital in ensuring the mobilization of resources and effective implementation of a coordinated programme of activities throughout the United Nations system, UNAIDS will draw upon the experience and strengths of its six co-sponsors and will build on their comparative advantages to develop its strategies and policies, which will be incorporated in turn into their programmes and act vities. Several members of the Task Force have already established close linkages with UNAIDS; some have already seconded staff to it. The six co-sponsors of UNAIDS (UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank) are also integrally involved in the work of the Task Force.

IV. CRITICAL ISSUES AND CHALLENGES

53. Based on the foregoing discussion of reproductive rights and reproductive health, including population information, education and communication, several key issues and challenges can be distinguished that the Task Force needs to address in implementing the Programme of Action of the Conference and, more specifically, in attaining the goal of enabling all countries to make reproductive health accessible through the primary health-care system to all individuals of appropriate ages as soon as possible and no later than the year 2015. All agencies and sectors have roles and responsibilities in promoting and enhancing reproductive health. In its advocacy work, the Task Force, through the United Nations resident coordinator system, can emphasize that the determinants of poor reproductive health include poverty, gender and other forms

of inequity, social injustice, marginalization and development failures, as well as the lack of access to quality health services. A multisectoral and multidisciplinary approach is essential if the objective of the Programme of Action of providing reproductive health care for all by the year 2015 is to be met.

54. Some of the key challenges for meeting that goal include the identification of national priorities; the empowerment and involvement of women; quality of care; advocacy; research and training; resource mobilization; monitoring and evaluation; the enhancement of the role of non-governmental organizations; and collaboration and coordination. The Task Force mechanism could be drawn upon to address those challenges as follows:

(a) Identification of national priorities: the Task Force, through the United Nations resident coordinator system, will continue to emphasize the need to assist countries in assessing and identifying their reproductive health needs and priorities. The process should be participatory, involving all key organizations, and should ensure the inclusion of non-governmental organizations, community and youth groups, women's organizations, the private sector and civil society. Additionally, an incremental, integrated and pragmatic programming approach based on national needs and available resources should be encouraged;

(b) Empowerment and involvement of women: the empowerment of women is a fundamental prerequisite for their reproductive health. As already noted, the greatest burden of reproductive ill-health falls on women. It is critical that reproductive health programmes emphasize the empowerment of women, and ensure that they specifically address the special needs of girls and women, as well as those of other underserved groups, such as youth and adolescents; the rural and urban poor; persons in remote or neglected areas; and migrants, refugees and displaced persons. Increasing the role and responsibility of men in reproductive health, parenting and the prevention of AIDS and sexually transmitted diseases will also have a positive impact on the health of women. Attention must also continue to be focused on eradicating gender-based violence and other harmful practices detrimental to the health and well-being of girls and women. Women must also be afforded opportunities to be involved in the design, development, implementation and evaluation of reproductive health programmes. The Task Force, through the United Nations resident coordinator system, can play a key role in ensuring that development programmes emphasize the empowerment of women and focus attention on promoting and enhancing their reproductive health;

(c) Quality of care: the people-centred focus of the Programme of Action emphasizes the provision of high quality of care with regard to reproductive health information and services; in particular, the Task Force, through the United Nations resident coordinator system, must work to ensure that a constellation of services is easily accessible, and takes into account and is responsive to the user perspective, especially that of women, youth and adolescents. In focusing on the delivery of high-quality services and care, the United Nations resident coordinator system should draw upon the comparative advantages of non-governmental organizations and other concerned groups and organizations. Non-governmental organizations have a special contribution to

make in monitoring the quality of care and progress towards achieving national goals, as well as in introducing new and innovative methodologies, including qualitative indicators for measuring the quality of care and user satisfaction. Effective information, education and communication, targeted to meet the needs of specific audiences and counselling, are also key elements of reproductive health programmes that emphasize quality of care;

(d) Advocacy: in keeping with the Programme of Action, the Task Force and the United Nations resident coordinator system will continue vigorous advocacy for sustained political commitment to reproductive health, including, as appropriate, the promotion of legislation and cultural practices beneficial to reproductive health. A shared understanding of reproductive health will need to be developed and promoted through national and local consensus-building to lay the foundation for dialogue and programme development. The purpose of advocacy is to draw the attention of the community to the challenges of reproductive health, and to point decision makers towards nationally relevant solutions. One key objective of advocacy is to create a supportive and enabling cultural, social and political environment for reproductive health. The United Nations resident coordinator system has a key role to play in promoting the concept of reproductive health as central to general health and human development. Advocacy can also provide the rationale for greater allocation of resources for action in reproductive health;

(e) Research and training: action-oriented research responsive to country needs is essential. In addition to being responsive to national priorities, the global research agenda should also focus on the development and transfer of reproductive health technologies suited to local conditions. To ensure the effective implementation of the reproductive health approach, adequate training is required for programme managers and service providers. Training for reproductive health workers will need to focus on improving both technical and interpersonal skills. The adoption of a reproductive health approach may require changes in attitudes, as well as new skills and training. Managerial and administrative changes will also be needed, since integrated services, at least initially, can impose greater burdens on already overworked staff and will require attention to planning and logistics in order to ensure the availability and continuity of services;

(f) Resource mobilization: in order to assist countries in implementing reproductive health programmes, the United Nations system will need to assist in the mobilization of additional resources, both financial and human. To do so, non-traditional sources of funding will need to be explored. At the same time, innovative approaches will be needed, such as combining programmes to maximize use of resources, sharing costs with users, creating employer-based reproductive health programmes, and adopting community-based service delivery and social marketing. Many of these approaches have already been used and have proved successful. The Task Force can play a role in encouraging experimental and innovative schemes, as well as in disseminating the lessons learned from approaches that have succeeded. Because the demands for official development assistance are ever increasing and competing, countries and agencies alike need to build on available resources while continually exploring new avenues;

(g) Monitoring and evaluation: close monitoring and evaluation of programmes, together with course corrections as appropriate, will ensure the effective delivery of reproductive health services and care. The United Nations resident coordinator system should support national capacity-building for monitoring progress in country programmes in ways that are helpful to programme management and useful at the point of delivery of the intervention. The international community has already defined a number of indicators relevant to reproductive health, and WHO is working on additional qualitative and quantitative indicators for global monitoring;

(h) Enhancement of the role of non-governmental organizations: non-governmental organizations and private organizations have a major contribution to make in the development and implementation of strategies for reproductive health. Governments and international agencies need to capitalize on areas of comparative advantage of non-governmental organizations as they look for partners to complement and supplement their development efforts. Frequently, through their innovative, flexible and responsive programme design and implementation, non-governmental organizations have been able to ensure grass-roots participation as well as to interact with and serve constituencies that may be underserved or difficult to reach through government channels. The United Nations resident coordinator system can play a lead role in increasing the involvement and participation of non-governmental organizations and private-sector organizations in reproductive health programming, by supporting networking, information sharing and the establishment of councils or committees that facilitate and enhance dialogue and joint programming efforts among United Nations organizations, Governments and non-governmental organizations;

(i) Collaboration and coordination: in order to effectively and harmoniously implement the reproductive health programming approach in a strategic and holistic manner, United Nations agencies and organizations will need to redouble their efforts in collaborating and coordinating their activities. This will include increasing the involvement of non-governmental organizations, the private sector, youth and community groups, women's organizations and civil society in the planning, implementation, monitoring and evaluation of reproductive health programmes. Another area for the support of the Task Force and the resident coordinator system is in strengthening the role and contribution of regional institutions, including the regional commissions and the regional banks, in reproductive health advocacy and programming. It is essential that, in translating the concept of reproductive health, consistency and complementarity guide the United Nations system. In particular, it should be ensured that national counterparts do not receive conflicting messages from different United Nations agencies and organizations. Greater information sharing, networking, coordinated planning and harmonization of programming cycles will contribute substantially to enhancing collaboration, coordination and complementarity among United Nations agencies and organizations.

55. As indicated in paragraph 54 above, the challenges that lie ahead are both complex and numerous. Perhaps the most important challenge facing the United Nations system, the one on which success will most depend, is that of achieving and sustaining close collaboration and coordination among all United Nations agencies and organizations and, indeed, with all other development partners. Thus far, the Task Force has encountered no collaboration problems. However, it

will continue to emphasize the need for the United Nations system to work in a collaborative and coordinated manner with Governments, non-governmental organizations, the private sector, community and youth groups, and civil society.

V. CONCLUSION

56. In producing the guidelines for the United Nations resident coordinator system and the common advocacy statement, the Task Force has taken a major step forward. In many respects, however, the work of the Task Force has only just begun. The challenge ahead will include close monitoring and ensuring that the United Nations resident coordinator system continues to work effectively to assist countries in implementing the Programme of Action, including rapidly advancing to meet the Programme of Action's goal of making reproductive health care accessible to all by the year 2015.

57. This must be a joint endeavour: no organization can single-handedly meet the goals and objectives of the Programme of Action. In just over a year, the Task Force has demonstrated that United Nations organizations and agencies can collaborate and coordinate their activities in meeting a common goal, and furthermore that they can do so harmoniously while capitalizing on their areas of comparative advantage. The guidelines prepared by the Task Force do not conflict with the individual mandates of member organizations; rather, they enhance complementarity and aim at strengthening coordination while promoting an enabling environment for the effective implementation of the Programme of Action. The Task Force will continue its commitment to ensuring that all its development efforts in implementing the Programme of Action remain people-centred.

58. A system-wide action plan to provide coordinated assistance to countries in translating the outcomes of recent United Nations global conferences into concrete national policies and programmes has been agreed by all the United Nations agencies. The unifying theme of the action plan agreed by ACC to follow up on those conferences is the provision of assistance to countries in a concerted attack on poverty. As part of this action plan, inter-agency task forces will be established to address (a) basic social services, (b) employment and sustainable livelihoods, and (c) an enabling environment for social and economic development. The existing Inter-Agency Task Force for the Implementation of the Programme of Action, chaired by UNFPA, will be expanded to cover social services for all and to help further the commitments to strengthening health and basic education services made at the above-mentioned conferences. The other two task forces - covering items (b) and (c) above - will be chaired, respectively, by the ILO and the World Bank.

Notes

1/ Report of the International Conference on Population and Development, Cairo, 5-13 September 1994 (United Nations publication, Sales No. E.95.XIII.18), para. 7.2.

2/ Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995 (A/CONF.166/9), chap. I, resolution 1, annex I.

3/ Ibid., annex II.

4/ Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995 (A/CONF.177/20), chap. I, resolution 1, annex I.

5/ Report of the United Nations Conference on Environment and Development, Rio de Janeiro, 3-14 June 1992, vol. I, Resolutions Adopted by the Conference (United Nations publication, Sales No. E.93.I.8 and corrigenda), resolution 1, annex II.

6/ Ibid., annexes I and III.

7/ See Inter-Agency Task Force for the Implementation of the Programme of Action of the International Conference on Population and Development, "Guidelines on reproductive health", in Guidelines for the United Nations Resident Coordinator System (New York, United Nations Population Fund, 1995).

Annex I

LIST OF MEMBERS OF THE INTER-AGENCY TASK FORCE FOR THE IMPLEMENTATION OF THE PROGRAMME OF ACTION OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

United Nations Secretariat a/

- Department for Policy Coordination and Sustainable Development
- Department for Economic and Social Information and Policy Analysis
- Economic Commission for Europe b/

United Nations Children's Fund a/

United Nations Development Programme

United Nations Development Fund for Women a/

United Nations Environment Programme

United Nations Population Fund a/

World Food Programme

Office of the United Nations High Commissioner for Refugees a/

International Labour Organization a/

Food and Agriculture Organization of the United Nations a/

United Nations Educational, Scientific and Cultural Organization a/

World Health Organization a/

- Pan American Health Organization

World Bank a/

International Monetary Fund

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a/ Replied to the questionnaire sent out by the Task Force secretariat.

b/ Representing the regional commissions.

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Annex II

INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT: COMMITMENTS TO REPRODUCTIVE RIGHTS AND REPRODUCTIVE HEALTH a/

Facts

1. Every year, 500,000 women die, one every minute, from pregnancy-related causes, 99 per cent of them in developing countries.

2. There are 120 million women who say they do not want to be pregnant but are not using family planning.

3. Each year, 20 million unsafe abortions occur, resulting in tens of thousands of deaths and millions of disabilities.

4. More than 15 million girls, aged 15 to 19, give birth every year.

5. Over 300 million new cases of sexually transmitted diseases occur every year, affecting 1 of every 20 adolescents.

6. By the year 2,000, up to 40 million people could be HIV-infected.

Reproductive health for all by the year 2015

Reproductive health, including family planning and sexual health, through the primary health-care system, should include:

1. Quality family planning, including a full range of contraceptives.

2. Maternal care, including prenatal, delivery and post-partum care, as well as essential obstetric care.

3. Prevention and treatment of reproductive tract infections, including sexually transmitted diseases, prevention of HIV/AIDS, and availability of affordable condoms.

4. Access to quality services for the management of complications from unsafe abortion (in circumstances where abortion is not against the law, such abortion should be safe) and post-abortion family-planning counselling and services.

5. Information, education and counselling on human sexuality.

6. Referral for these and other conditions, such as breast cancer, cancers of the reproductive system, and infertility.

Rights and principles

Reproductive rights should be a fundamental basis of all programmes and policies. Reproductive rights include:

1. The right to freely decide the number and spacing of children, and to have the information and means to do so.

2. The right to attain the highest standard of sexual and reproductive health.

3. The right to make decisions concerning reproduction free of coercion, discrimination or violence.

Special needs

1. Eliminate discrimination against girls and women.

2. End all harmful practices, including female genital mutilation.

3. Ensure quality care for victims of sexual abuse or violence.

4. Provide adolescents with appropriate sexual and reproductive health information and services.

5. Develop innovative sexual and reproductive health programmes to reach them.

Actions

1. Promote reproductive health and rights throughout national policies and programmes.

2. Give reproductive health high priority in national agendas and budgets.

3. Launch education programmes to increase gender sensitivity, eliminate violence against women and children, and raise awareness of sexual and reproductive health and reproductive rights.

4. Empower women from a young age to exercise their rights, especially through education, and enable pregnant adolescents to continue their schooling.

5. Improve the quality of services, including better training and interpersonal skills, availability of reliable supplies and equipment, monitoring and supervision, and expanded reproductive choices.

6. Stress sensitivity to gender issues and the needs and perspective of adolescents in the training of health-care providers.

7. Integrate services to maximize use of resources and improve access.

8. Support research to improve sexual and reproductive health.

Working together

1. Involve all levels of society in making reproductive health and rights for all a reality.

2. Mobilize partnerships between Government and civil society, including non-governmental organizations and the private sector.

Implementation

In September 1994, at the International Conference on Population and development, Governments reached consensus and committed themselves to a Programme of Action that places reproductive health and rights at the centre of the population and development agenda. The implementation of the Programme of Action is the right and responsibility of each country, in accordance with its national priorities, needs and cultural context.

Notes

a/ Issued jointly be the United Nations Population Fund, the World Bank and the World Health Organization.